



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND CLINIC & SURGICENTER

Street Address: 211 N. Eddy St

City: South Bend

County: St. Joseph

Administrator Name: Kelly Macken-Marble

Administrator Email: kmarble@southbendclinic.com

ASC Web Address: www.southbendclinic.com

Fiscal Year: 2018

Accredited:  Yes  No

Name of Accrediting Body:

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	5
Number of procedure rooms	3

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	7133	9879
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	1154	
45378	840	
45385	729	
43239	627	
69436	473	
64483	410	
66984	260	

62323	243
43235	215
45381	204

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
--	---